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CONFIRMATION NO. 8574

<b>SERIAL NUMBER</b> 10/625,357	<b>FILING OR 371(c) DATE</b> 07/23/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1636	<b>ATTORNEY DOCKET NO.</b> HO-P01886US2
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 09/626,036 07/27/2000 ABN which claims benefit of 60/146,455 07/30/1999 *mkg*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*** *mkg* **\*\* SMALL ENTITY \*\***  
 03/17/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 23	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 1
Verified and Acknowledged	<i>Michelle S. H. MKD</i> Examiner's Signature Initials				

**ADDRESS**  
 26271

**TITLE**

Antibiotics based upon bacteriophage lysis proteins

<b>FILING FEE RECEIVED</b> 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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